PROVIDER INQUIRER

November 1st, 2005 www.michigan.gov/mdch

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Medicare Prescription Coverage

Implementation of Medicare Prescription Coverage, or Medicare Part D, is set for January 1, 2006. With the implementation of this program, Medicaid beneficiaries with Medicare coverage will have many changes to sort out.

All questions about Medicare including Medicare Part D information may be directed to Michigan Medicare/Medicaid Assistance Program (MMAP) or Medicare. The counselors at both of these locations are trained to help all Medicare beneficiaries.

If providers have Medicaid beneficiary's age 65 or older and the beneficiary has not filed for Medicare, it will be very important for them to do so now. If they do not have Medicare on January 1, 2006 and they are eligible (age 65 or older) prescription coverage will not be available for them. Please refer all questions about Medicare Part D to MMAP or Medicare counselors.

Medicare Contact Information:
1-800-633-4227
www.Medicare.gov

MMAP Contact Information:
1-800-803-7174
www.MyMMAP.org

Medicare Buy-In Unit

The Medicare Buy-In unit will not be able to address questions from the beneficiaries. The Medicare Buy-In Unit is responsible for:

- Processing Medicare premium payments for eligible Medicaid beneficiaries.
- Other Insurance Coding for Medicare on the Medicaid system.
- Alien information for Medicaid beneficiaries that are age 65 or over, must have the date of entry forwarded to the Buy-In Unit if the beneficiary has not been in the US for over 5 consecutive years.

Medicare Buy-In Unit Contact Information:

BuyInUnit@Michigan.gov
(517) 335-5488
Fax (517) 335-0478

Lewis Cass Building, 3rd Floor
Medicare Buy-In Unit
320 South Walnut Street
Lansing, MI 48913

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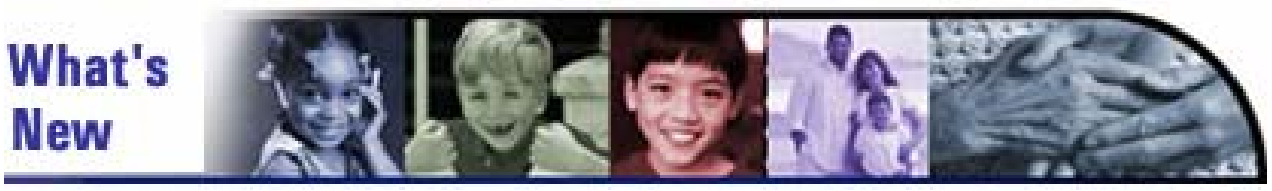

Remittance Advice Changes

As issued in the October 1, 2005 MSA 05-48 bulletin, changes have begun to be made to the Medicaid Remittance Advice (RA).

Effective November 1, 2005, the Michigan Department of Community Health (MDCH) will discontinue distribution of the proprietary electronic Remittance Advice (1232) and issue the HIPAA-compliant 835 Health Care Claim Payment/Advice in its place.

The electronic 835 RA file will contain the HIPAA-compliant national standard claim adjustment group codes, reason codes, and remark codes.

The paper RA will still be available and distributed as usual but, it will begin to report the HIPAA-compliant national standard claim adjustment group codes, reason codes, and remark codes. The MDCH proprietary explanation codes will no longer be reported. Providers will need to be familiar with the claim adjustment group codes, reason codes and remark codes.

The HIPAA-compliant 835 RA has been available for all providers. In order to request that a billing agent receive an 835, please visit the Electronic Billing website. You can download the 835/277U Request Form. Only one form needs to be submitted per tax ID. Each tax ID can only have one valid billing agent on file to receive their electronic 835 RA files.

For more information about the 835 RA file, please visit our website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Electronic Billing. This website will report a listing of the reason and remark codes as well as a crosswalk from the original MDCH edits to the new codes.

Contact Information

All billing, RA and electronic 837 (claim submission) questions may now be submitted to Provider Inquiry at 1-800-292-2550.

All electronic billing issues and request information may be submitted to Automated Billing at AutomatedBilling@michigan.gov.

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Secondary Professional Claims

In an effort to make the crossover process more efficient, Medicaid has added information to the processing of secondary claims. This change is currently effecting all professional claims, especially DME providers.

For Medicaid secondary and tertiary claims the procedure code and modifier(s) are required in Loop 2400 and Loop 2430.

Loop 2430 has always been a valid place to put the procedure code and modifier(s); however Medicaid was not using Loop 2430 previously. If you already put the information in Loop 2430, you will be unaffected by the change. Again, this does not affect any Medicaid primary claims.

If the procedure code and modifier(s) are not reported in both Loops and they do not match exactly, it may cause claims to reject or pay incorrectly. More information regarding these Loops and the correct segment information can be found in the Implementation Guide.

If you are reviewing your Remittance Advice information and you do not see a modifier that you know you reported, it is due to these changes. Please check with your billing agent to make sure your procedure code and modifiers were reported correctly in both Loops.

If your claim pays incorrectly due to this change, it is the provider's responsibility to resubmit a claim replacement. Providers will need to work with their billing agents to make the appropriate changes.

For questions or comments, please see the contact information on page 2.

Happy Thanksgiving!

The State of Michigan offices will be closed:
Friday, November 11, 2005 – Veterans' Day
Thursday, November 24, 2005 – Thanksgiving Holiday
Friday, November 25, 2005 – Thanksgiving Holiday